

OMBUDSPERSON FORM

Student Name: _____ Date: _____

Student ID Number: _____ Daytime Telephone Number: _____

E-Mail Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Status: Freshmen Sophomore Junior Senior Graduate

Major: _____

Referred By: _____

Person or Unit the Complaint is About: _____

Description of Situation/Complaint:

What would you like to see/happen as a result of your situation/complaint: